### **CERTIFICATE OF MAILING**

CEVERSES LETTER RAF, LAST 25.8 2002 C. 2. 2004

Name: Dawn A Brown

Signature:

#### **PATENT**

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ap	pplication of: Taylor, et al.	}	
Serial N	lo. 10/ <del>024,938 -</del> 7 <i>67,6</i> 97	)	Examiner: Peter T. Devore
	December 19, 2001	) }	Group Art Unit: 3751
	TINTING MACHINE FOR COATING COMPOSITIONS,	) )	Attorney Docket No.: 50980CP
	ESPECIALLY PAINTS	ć	Customer No. 38157

## SUPPLEMENTAL AMENDMENT

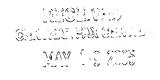
Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

This is a supplemental amendment to the response filed April 12, 2005 to the Office Action dated January 12, 2005. Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/arguments begin on page 5 of this paper.

MAY 3 ( 2005 GROUP 3700





## **FACSIMILE TRANSMISSION**

Kenneth J. Stachel
The Glidden Company dba ICI Paints
Law Department
15885 W. Sprague Road
Strongsville, OH 44136
Telephone: (440) 297-8397
Facsimile: (440) 297-8935

Date: May 19, 2005

No. of Pages Following Cover: 7

TO: Peter Devore, Examiner
U.S. Patent Office
Art Unit 3751

e-mail: ken\_stachel@ici.com

RE: U.S. Serial No. 10/767,607

FAX: (703) 872-9306

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT MAY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

#### MESSAGE:

Mr. Devore.

Attached please find a copy of the Supplemental Amendment that was filed by mail on April 15, 2005.

Please advise if you have any questions or concerns.

Kind regards,

Kenneth J. Stachel (27,722)

MAY 5 1 2005 GROUP 3700 RECEIVED RECEIVED

PTO/SB/17 (12-04v2) Approved for use through 07/31/2005, OMB 0551-0032 and Tradamery Office: 11 S. DEDARTMENT OF COMMERCIA

Effect	ive on 12/08/28	204.			(	Complete if Knowl			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005			Application Number 10/024, 938						
			Filing Date December 19, 2001			2001			
			First Named Inve	entor	Taylor	<del>, /38/1</del>			
				Examiner Name		Peter Devor			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3751	<u>~</u>		
TOTAL AMOUNT OF PAYMENT (\$) ()				Attorney Docket	No.	50980CP			
METHOD OF PAYMENT	r (check all	that apply)		·····					
Check Credit Card Money Order None Other (please identify):									
X Deposit Account D	eposit Account	Number: 07-14	447			me:Glidden			
For the above-identi									
Charge fee(s)	indicated be	low		Charge	e fee(s)	indicated below, exce	ept for the filing fee		
- Stan		s) or underpayment	s of fe			erpayments	- F- 1 11 11 15 15 15 15 1		
under 37 CFF under 37 CFF			ard inf		-	•	vide credit card		
Information and authorization	on PTO-2038.								
FEE CALCULATION									
I. BASIC FILING, SEAF	•				5444	*****			
		FILING FEES SEAR Small Entity		CH FEES Small Entity	EXAN	MNATION FEES Small Entity			
Application Type	Fee (\$)		Fee (\$		Fee	(\$) Fee_(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200				
Design	200 ·	100	100	50	130	• • • • • • • • • • • • • • • • • • • •			
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600	300	<del></del>		
Provisional	200	100	0	0	C	•	<del></del>		
<ol> <li>EXCESS CLAIM FEE <u>Fee Description</u></li> </ol>	S					Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (i	ncluding R	eissues)				50	25		
Each independent cla			:s)			200	100		
Multiple dependent c	laims					360	180		
Total Claims	Extra Clain			Paid (\$)			endent Claims		
20 - 20 or HP = HP = highest number of total	O doime cold to	_ x <u>0</u> :	=	Q		<u>Fee (\$)</u>	Fee Paid (\$)		
indep. Claims	Extra Clain		Fee	Paid (\$)					
33 or HP =	0	_x <u> </u>	=0						
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  20 -20 or HP = 0 x 0 = 0  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  3 - 3 or HP = 0 x 0 = 0  HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 shorts or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a)									
<u>Total Sheets</u> - 100 =	Extra Shee	<u>150 ≈ Number</u>	or eac	(found up to a w			<u>Fee Paid (\$)</u>		
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
IBMITTED BY							•		
gnature Roman	TA 2.	Stell		Registration No. 2	7,72	2 Telephane	(440) 297-8397		
me (Print/Type) Kenn	eth I	Stachel		- montagn water			:115 2005		

This collection of information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Gommissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.